

DOCKET NO.: NNI-0008

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Mark Edward Riehl

For: Determining Stimulation Levels for Transcranial Magnetic Stimulation

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

The above identified application is a:

*(check one applicable item below)*

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Original  | <input type="checkbox"/> Divisional                 |
| <input type="checkbox"/> Continuation         | <input type="checkbox"/> U.S. National Stage of PCT |
| <input type="checkbox"/> Continuation-in-Part |   |

My full name (including family name and at least one given name without abbreviation), full post office address, city and state of actual residence and citizenship are as stated below.

I believe that the named inventor(s) is/are the original, first of the subject matter which is claimed and for which a

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Utility Patent | <input type="checkbox"/> Design Patent |
|--|--|

is sought on the invention, whose title appears above, the application of which:

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | is attached hereto   |
| <input type="checkbox"/>            | was filed on _____, as U.S. Application Number _____   |
| <input type="checkbox"/>            | and was amended on _____ (if applicable)   |
| <input type="checkbox"/>            | was described and claimed in PCT International Application Number _____, filed on _____ and as amended under PCT Article 19 on _____ and/or PCT Article 34 on _____. |

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to the patentability of this application in accordance with 37 CFR § 1.56.

**DISCLOSURE AND/OR CLAIM FOR PRIORITY UNDER  
35 U.S.C. §§ 119(a)-(d) OF FOREIGN APPLICATIONS FOR PATENT (OR  
INVENTOR'S CERTIFICATE FILED WITHIN 12 MONTHS (6 MONTHS FOR  
DESIGN) OF THIS APPLICATION**

I hereby claim foreign priority benefits under Title 35, United States Code §§ 119(a)-(d) of any foreign applications for patent, inventor's certificate or PCT international application designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent, inventor's certificate or any PCT international application designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

Country (or indicate if PCT)	Application Number	Date of Filing (day, month, year)	Priority Claimed Under 37 USC § 119a-d			
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**DISCLOSURE OF FOREIGN APPLICATION(S) IF ANY,  
FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN)  
PRIOR TO THE FILING OF THIS APPLICATION**

Country (or indicate if PCT)	Application Number	Date of Filing (day, month, year)

**CLAIM FOR PRIORITY OF UNITED STATES APPLICATIONS  
OR PCT APPLICATIONS FILED  
IN THE UNITED STATES RECEIVING OFFICE  
UNDER 35 U.S.C. § 120**

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

<b>Application No.</b>	<b>Date Filed</b>	<b>Status Patented/Pending/Abandoned</b>

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)  
UNDER 35 U.S.C. § 119(e)**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

<b>Provisional Application No.</b>	<b>Filing Date</b>

**POWER OF ATTORNEY**

- ☒ I hereby appoint all the practitioners associated with Customer Number 23377 (which is the Customer Number assigned to Woodcock Washburn LLP) to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith. Each practitioner associated with Customer Number 23377 is an attorney registered before the United States Patent and Trademark Office.

**23377**

PATENT TRADEMARK OFFICE

- ☐ I hereby appoint the following persons of the firm of WOODCOCK WASHBURN LLP, One Liberty Place - 46th Floor, Philadelphia, Pennsylvania 19103 as attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Attorney/Patent Agent	Registration No.

Address all telephone calls, correspondence and maintenance fee correspondence to:

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Philadelphia PA 19103  
Telephone No.: (215) 568-3100  
Facsimile No.: (215) 568-3439

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Full name of sole or first joint inventor****Mark***(Given Name)***Edward***(Middle Initial or Name)***Riehl***(Family or last name)***City/State of Actual Residence:** Doylestown, Pennsylvania**Mailing Address:***(include street address, city, state,  
and zip code)*82 Chapman RoadDoylestown, Pennsylvania 18901**Country of Citizenship:** United States of America**Inventor's signature:** \_\_\_\_\_**Date:** \_\_\_\_\_